

# COURSE PREREQUISITE WAIVER

REGISTRAR'S OFFICE



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_____ Last Name	_____ First Name	_____ Student ID Number
_____ Major/Minor		_____ Declared Catalog

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## ACKNOWLEDGEMENT

By submitting this waiver and signing my name, I acknowledge that prerequisite courses are established to help ensure adequate background or foundational knowledge of topics to be covered in the subsequent course(s). I further acknowledge that, by not taking the prerequisite course, I may face a greater academic challenge that may affect my ability to successfully complete other courses. This waiver may be considered should I appeal grades (assignment or final) in subsequent courses.

## I request waiving this course requirement which is a prerequisite...

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_____ Course ID Number	_____ Course Title (please print)	_____ Credit Hours
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## ... for this subsequent course...

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_____ Course ID Number	_____ Course Title (please print)	_____ Credit Hours
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This is a... Tusculum course    Transfer course (Additional documentation may be required.)

**Reason:** \_\_\_\_\_  
\_\_\_\_\_

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## STUDENT

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
Date

## ADVISOR

Approved    Denied    \_\_\_\_\_  
ADVISOR SIGNATURE

\_\_\_\_\_  
Date

Comments \_\_\_\_\_

## INSTRUCTOR

Approved    Denied    \_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
Date

Comments \_\_\_\_\_

## ASSISTANT DEAN / AVPAA

Approved    Denied    \_\_\_\_\_  
ASSISTANT DEAN SIGNATURE

\_\_\_\_\_  
Date

Comments \_\_\_\_\_

**RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE**

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### OFFICE USE ONLY

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_____ Date Entered	_____ By (initials)	_____ Notes
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